membership of F. H. Huning, County Physician and physician to the County Hospital, and the disposal of routine matters, Dr. Teubner read a paper on typhoid fever. The paper was discussed by the President, Dr. Livingston, and Drs. Cunnane, Love, Maulhardt and Dilworth. The members then repaired to the dining room, where the genial hostess, Mrs. Teubner, had prepared a repast, to which ample justice was done.

CHARLES TEUBNER, Secretary.

CALIFORNIA ACADEMY OF MEDICINE.

Regular meeting held August 22, 1905, the president, Dr. Dudley Tait, being in the chair.

Tendon Transplantations for Infantile Hemiplegia. Dr. S. J. Hunkin demonstrated a boy, 11 years old, who had infantile spastic hemiplegia, with the typical club hand and foot. The hand was strongly pronated and ulnar-flexed, and could only be approximated to the face with its posterior ulnar border. Eight weeks ago the tendon of the pronator radii teres was detached from its insertion, a silk tendon was sutured to it and then passed around the radius posteriorly and fastened under the periosteum at or just below its original insertion. This muscle, therefore, now acts as a supinator instead of as a pronator, and the boy is able to feed himself with that hand and carry a glass of milk to his mouth. At a later operation the tibialis posticus was divided as it passed behind the ankle, the proximal end was passed posterior to the tibia and fibula to the outer side of the leg, and then subcutaneously to the outer border of the foot and planted with silk under the periosteum at the base of the fifth metatarsal bone. The distal end was sutured to the Achilles tendon. As a result the boy can now, for the first time, dorsi-flex and pronate the foot. Dr. Hunkin called especial attention to the fact that the boy could make these new movements without training as soon as the splint was removed. He now proposes as a final operation to move the flexor carpi ulnaris to the position of an extensor; for when the wrist is well extended the hand flexors work to better mechanical advantage.

Diffuse Dilatation of the Esophagus. Dr. H. C. Moffitt showed a patient who had had difficulty in swallowing for about 7 years, off and on. Patient knows of no injury to his esophagus. He has the sensation that his food is stopped before it reaches his stomach. It may then return to his mouth, or it may cause him choking sensations, together with dyspnea and palpitation. More recently he has had cramps under the sternum. He can sometimes assist the passage of food through his esophagus by taking a long breath and throwing his head back. At present a stomach tube cannot be passed into the stomach on account of an obstruction that is met about 47 cm. from the teeth. The esophagus will hold about 500 cc. of liquid, and the material obtained from it recently shows pus and blood cells. After the patient had swallowed a suspension of bismuth, an X-ray plate was taken, and this showed a diffuse spindle-shaped dilatation of the esophagus. Among the possible causes of such a dilatation are (1) a primary spasm of the muscle at the cardiac end of the esophagus, and (2) a primary diffuse weakening of the esophageal musculature due to a lesion of the vagus nerve. The direct cause is believed to be an acute esophagitis in some cases; in others it is believed to result from the habit of swallowing large masses of food too hastily.

Dr. C. M. Cooper stated that the esophagus normally will hold about 100 cc. of fluid. In the diagnosis of carcinoma of the esophagus, it is important to remember that the bronchial glands are frequently the first to be involved, and that their enlargement may be demonstrated by the use of the X-ray.

Dr. Geo. Blumer has seen a diffusely dilated esophagus at autopsy. Its walls were very much thickened, resembling those of a congenitally dilated colon.

Leprosy Simulating Syringomyelia. Dr. H. C. Moffitt presented a boy who had come from the Cape Verde Islands about 3 years ago. No satisfactory history of his present illness could be obtained. The skin showed an irregular pigmentation with somewhat oval or circular whitish patches scattered over it. The latter are not anesthetic, and they sweat after injections of pilocarpin. No stigmata of syphilis. The left small occipital, right great auricular, and the right ulnar nerves are somewhat thickened. Left hand claw-shaped, with atrophy and the reaction of degeneration in the smaller muscles. Right equinovarus with atrophy of foot extensors and reaction of degeneration in the tibialis anticus and the peronei. Reflexes normal except for the absence of the right Achilles and both plantar reflexes. Irregular anesthesias, especially of the distal portions of the extremities.

The differential diagnosis lies mainly between leprosy and syringomyelia. Against the latter are (1) the absence of scoliosis, of ataxia, of involvement of the sphincters, of spasticity of the legs, and (2) the peculiar distribution of the palsies (left hand and right foot), the widespread loss of sensation in the lower extremities and the thickening of the peripheral nerves.

Dr. D. W. Montgomery stated that the skin lesions are such as might occur in leprosy, and that the enlargement of the nerves is very strong evidence in support of that diagnosis.

Dr. H. Morrow said that it is unusual to see so much leucoderma in leprosy without a corresponding loss of sensation.

Dr. C. M. Cooper called attention to the fact that the ulnar nerves may be enlarged in other conditions than leprosy.

Vincent's Angina. Dr. H. W. Allen demonstrated smears showing the organisms of Vincent's angina. They were obtained from a patient who had had a sore throat, a temperature of 102.6° (possibly due to a complicating malaria), and an ulceration on the left tonsil which was the size of a ten-cent piece, and was covered by a grayish-white membrane. The breath possessed a peculiar fetid odor, resembling that of mouldy hay. The organisms obtained were two: a fusiform bacillus and a spirillum. These organisms are believed by Vincent to be the causes of a number of other infections, such as ulcerative stomatitis, noma, gangrene of the lungs and putrid pleurisy. Clinically the angina must be distinguished especially from diphtheria and syphilis.

Dr. Wm. Ophüls believes that it is not altogether certain that these organisms cause the angina, for similar ones may be found in the mouths, and especially about the teeth, of healthy individuals. It is possible that they are merely secondary invaders, and that the cocci that are almost invariably found in these throats are the primary causes of the lesions. We must differentiate this disease from that recently described by Oliver, which latter is due to an organism of the oidium group.

A. W. HEWLETT, Secretary.

Poppy Alkaloids.

In Vermont previous success in growing opium poppies has been repeated with even better results. The attempt to cultivate this plant has been made with a view to supplying our demand for poppy alkaloids for medicinal uses. As the result of the repeated experiments, success has at last attended the effort to obtain morphine directly from the juices of the plant. If this can be done commercially, the plants produced in American fields will replace Oriental opium as a crude source for morphine.

Marriage of Dr. H. E. Alderson.

Dr. H. E. Alderson, Secretary of the San Francisco County Medical Society, married Miss Cordelia Church Bishop on the 26th of September at the First Congregational Church in Oakland.